Gift to Agency Report	A Public Do	ocument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California Q04
Governor's Office				Form OUI
Division, Department, or Region (	if applicable)			For Official Use Only
Street Address				
State Capitol  Area Code/Phone Number   E-m	nail			
(916) 445-0873			Amendment (explain	n in comment section)
Agency Contact (name and title)			Date of Original Filing:	
Dan Maguire, Deputy Legal Affa	aire Sacratany			(month, day, year)
2. Donor Name and Address	ins Secretary			
			GE clo Universal S	tudios Hollywood
Individual	First Name	Other	GE c/o Universal S	Name
100 Universal City Plaza 5511-	6 Universal City		CA	91608
Address	City		State	Zip Code
GE is a diversified technology, r	media and financial services cor	mpany		
If 'Other' is marked, describe the entity's busin				
If applicable, identify the name of ea	ch source and the amount(s) solici	ted or receive	ed by the donor for this	gift:
,				
Name	\$		Name	\$
3. Payment Information	0.04.00		440.000	
Date and Amount of Payment	other than travel) 8-01-08	. \$	(Round to whole dollars)	
	(month, day, year)		(Round to whole dollars)	
Travel Payment Information (Ro	and to whole dollars) Location of	Travel		
_				
Date(s) of Travel 5	tation Expenses Lodging Expenses	SMeal Exp	enses S Other Exper	nses Total Expenses
Provide a specific description	on of the nature and use of	f the paym	ent for official age	ency business:
GE paid Live Nation for use of the	he Gibson Amphitheatre for the	Border Gov	vernors conference or	n August 13-15, 2008
OE paid Live Hatternion doe or a	to obodit / imprimiodito for the	50,00,00		77 laguar 10 10, 2000.
Identify the officials for who	m the payment was used:			
	not applicable		Title	Department/Division
Last Name	First Name		ring	Department/Division
Last Name	First Name		Title	Department/Division
	- Fish Humb		Thie .	Departmentolivision
I. Verification				
I have determined that it is in the inte	erests of the agency to accept this g	gift and use it	for the official agency t	ousiness described above.
016-6				
510	Susan Kennedy Chief		of Staff	8/25/09
Signature of Agency Head of Designee	Print Name		Title	(month, day, year)
0				
Comment: (Use this space or an attac	inment for any additional information.)			